

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
+ ..... Allowed                      I ..... Interference  
- (Through numeral)..... Canceled      A ..... Appeal  
+ ..... Restricted                      O ..... Objected

Claim	Date	Claim	Date	Claim	Date
1	1/10/10	51		101	
2	1/10/10	52		102	
3	1/10/10	53		103	
4	1/10/10	54		104	
5	1/10/10	55		105	
6	1/10/10	56		106	
7	1/10/10	57		107	
8	1/10/10	58		108	
9	1/10/10	59		109	
10	1/10/10	60		110	
11	1/10/10	61		111	
12	1/10/10	62		112	
13	1/10/10	63		113	
14	1/10/10	64		114	
15	1/10/10	65		115	
16	1/10/10	66		116	
17	1/10/10	67		117	
18	1/10/10	68		118	
19	1/10/10	69		119	
20	1/10/10	70		120	
21	1/10/10	71		121	
22	1/10/10	72		122	
		73		123	
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		99		149	
		100		150	

If more than 150 claims or 10 actions  
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